

## KANSAS WING RED CROSS MISSION REPORT

Mission Number:				Date:	
Mission Type (Check One)  <input type="checkbox"/> Blood <input type="checkbox"/> Organ <input type="checkbox"/> Tissue <input type="checkbox"/> Other		Urgency (Check One)  <input type="checkbox"/> Routine <input type="checkbox"/> ASAP <input type="checkbox"/> Emergency <input type="checkbox"/> Red Light		Releasing Officer:	
Pilot/Driver Name			Grade	Unit Number	
Address		City		State	Zip
Additional Crewmembers:					
1			2		
Aircraft: <input type="checkbox"/> CAP <input type="checkbox"/> Private			Vehicle: <input type="checkbox"/> CAP <input type="checkbox"/> Private		
N-Number      _____ Type _____			License Number: _____ Type: _____		
Gallons Fuel: _____			Gallons Fuel: _____ Fuel Cost: _____		
Hours Tach: _____ Hobbs: _____			Hours Driven: _____ Miles _____		
Time of Departure from Home:      1800 <input type="checkbox"/> AM <input type="checkbox"/> PM			Time of Return to Home: <input type="checkbox"/> AM <input type="checkbox"/> PM		
Departure Point:			Destination #3:		
Destination #1:			Destination #4:		
Destination #2:			Destination #5:		
Remarks:					
<b>Instructions:</b>  File one copy of this form and the original fuel receipt with Kansas Wing Headquarters within 5 days of the mission.  KANSAS WING HEADQUARTERS CIVIL AIR PATROL 3024 Arnold Avenue SALINA, KS 67401			<b>Wing Headquarter's Use Only</b>		